

Request for Religious Exemption Related to  
COVID-19 Vaccine 2022-23 Academic Year  
Submit form to relexemption@methodist.edu

Name	E-mail	Date of Birth	MU ID #

Methodist University will grant exemption to any vaccine requirement when a student, faculty, or staff's sincerely-held religious beliefs preclude vaccination. A religious exemption will not be granted based on a philosophical, moral, or conscientious objection. If the bona fide religious beliefs of a student (or the parent, guardian if under age 18), or employee are contrary to the immunization requirement for a COVID-19 vaccine, the student or employee will be exempt of the requirement upon submission of a written statement below of the bona fide, sincerely held religious beliefs and opposition to the immunization requirement. Please describe below why your sincerely-held religious beliefs preclude the student or employee from receiving the COVID-19 vaccination.

Statement to be completed by student (or guardian if under 18), faculty, or staff:

IMPORTANT NOTE: This exemption is only valid for the 2022-23 academic year. Methodist University may require additional requests for exemption based on the needs of the student or employee's respective school and academic program and may modify the nature of the exemption or any associated reasonable accommodations.

As a student or employee with this exemption, I understand and certify:

- I will comply with testing as directed by Methodist University which may include weekly prevalence testing throughout the academic year.
- I will submit to self-isolation or quarantine in a designated University facility (if I live on campus) or in my own residence or an alternate location of my choice (if I live off campus) and follow the directions of University officials regarding monitoring and self-care in any circumstance (1) where there is a reasonable belief that I have been exposed to an individual who has tested positive or suspected positive for COVID-19, (2) when I may be experiencing any symptom(s) consistent with COVID-19, or (3) if I test positive or suspected positive for COVID-19, until such time as my symptoms resolve and I may be tested and medically cleared to resume participation in University activities.
- I will respond promptly to outreach from Cumberland County Health Department officials and provide all requested information to them regarding my contacts with individuals and cooperate with any contact tracing or other information gathering processes designed to identify risks of virus transmission to others.
- I will follow any additional public health protective measures, which may evolve based on the overall course of the pandemic, as required by University policy. I understand I may be subject to additional requirements if my academic program requires me to be in clinical settings.
- In the event of an outbreak or a threatened outbreak of COVID-19, I will comply with any University directive that may bar me from living, working, learning, and/or participating in University-approved activities on campus temporarily or permanently. I understand that any such restrictions will not entitle me to reductions in tuition, housing charges, or other University fees.

I certify that the information I have provided in connection with this request is accurate and complete and the exemption may be revoked if any false information has been used to request an exemption. I understand that although Methodist University holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with COVID-19. I have reviewed the CDC's information on the benefits of getting a COVID-19 vaccine (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccinebenefits.html>) and understand that, as an unvaccinated individual, my physical presence as well as participation and utilization of facilities, services, and programs at Methodist University may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. I also understand that I may be at higher risk for severe complications from COVID-19 if I have particular conditions identified by the CDC. Despite these risks, I chose not to be vaccinated. I have read and fully understand my obligations as described above and request this exemption related to COVID-19 vaccine.

Student or Employee Name: \_\_\_\_\_

University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of student (or parent/guardian if a student is under 18) or employee:

\_\_\_\_\_ Date: \_\_\_\_\_